

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

09 MAR 24 AM 11:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CR2E041 (10/08)

DOCUMENT # **L04000015794**

1. Limited Liability Company's Name

SARASOTA DEVELOPMENT CO., LLC

2. Principal Office Address - No P.O. Box #

2043 ALAMEDA AVE.

Suite, Apt. #, etc.

3. Mailing Office Address

C/O STRAUSS 307 5th AVE

Suite, Apt. #, etc.

8th FL

City & State

SARASOTA, FL

City & State

NEW YORK, NY.

Zip

34234

Country

USA

Zip

10016

Country

USA

4. State/Country of Formation

FLORIDA

5. Date Organized or Qualified
To Do Business in Florida

2-27-2004

6. FEI Number

20-1014363

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☒

\$5.00 Additional Fee required
for a Certificate of Status

8. Name and Address of Current Registered Agent

Name

XL CORPORATE SERVICES, INC.

Street Address (P.O. Box Number is Not Acceptable)

4435 OLD WINTER GARDEN ROAD

Suite, Apt. #, Etc.

City

ORLANDO

State

FL

Zip Code

32811

☒ A \$100 reinstatement fee is imposed, except
in circumstances which the entity did not
receive the prior notices. By checking this
box, you are certifying the prior notices were
not received and requesting the \$100
reinstatement be waived.

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date **3-18-09**

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MEM	DARREL E. FLANEL	2043 ALAMEDA AVE SARASOTA, FL	SARASOTA, FL 34234

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03/24/09--01031--018 **798.75

REINSTATEMENT 2005-09

11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

Signature of
Managing Member/Manager

Date

3/18/09

Daytime Phone #

212-449-0615

Typed or printed name of signing Managing Member/Manager

DARREL E. FLANEL